

Syracuse Data Incident Claims Administrator  
PO Box 3137  
Baton Rouge, LA 70821

**Your Claim Form Must Be Submitted On or Before May 6, 2024**

## Trevor Miller v. Syracuse University

In the United States District Court, Northern District of New York (Case No. 5:21-CV-01073-LEK-TWD)

### Claim Form

Si necesita ayuda en español, visitar [www.SyrNYdataincident.com](http://www.SyrNYdataincident.com).

This Claim Form should be filled out online or submitted by mail if you were notified by Syracuse University regarding the September 2020 Data Incident, and you had out-of-pocket expenses or lost time spent dealing with the Data Incident. Settlement Class Members may make a claim for reimbursement for documented Extraordinary Losses resulting from the Data Incident. You may get a check if you fill out this Claim Form, if the settlement is approved, and if you are found to be eligible for a payment.

The settlement notice describes your legal rights and options. Please visit the official settlement administration website at [www.SyrNYdataincident.com](http://www.SyrNYdataincident.com), or call [1-877-716-6889](tel:1-877-716-6889) for more information or to file a claim online.

If you wish to submit a claim for a settlement payment, you need to provide the information requested below. Please print clearly in blue or black ink. This Claim Form must be mailed and postmarked or submitted online **on or before May 6, 2024**.

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE REQUIRED (\*) INFORMATION BELOW AND YOU MUST SIGN THIS CLAIM FORM. THIS CLAIM FORM SHOULD ONLY BE USED IF A CLAIM IS BEING MAILED IN AND IS NOT BEING FILED ONLINE. YOU MAY ALSO FILE YOUR CLAIM ONLINE AT [WWW.SYRNYDATAINCIDENT.COM](http://WWW.SYRNYDATAINCIDENT.COM).

### 1. CLASS MEMBER INFORMATION.

<input type="text"/>															<input type="text"/>											
*First Name															Middle Initial											
<input type="text"/>															<input type="text"/>											
*Last Name															Suffix											
<input type="text"/>																										
*Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number)																										
<input type="text"/>															<input type="text"/>			<input type="text"/>								
*City															*State			*Zip Code								
<input type="text"/>																										
Current Email Address (Optional)																										
<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>											
*Current Phone Number									*Settlement Claim ID (Required)																	

Settlement Claim ID: Your Settlement Claim ID can be found on the postcard notice you received in the mail informing you about this settlement. If you need additional help locating this ID, please contact the Claims Administrator at 1-877-716-6889 or email at [info@SyrNYdataincident.com](mailto:info@SyrNYdataincident.com).

## **2. PAYMENT ELIGIBILITY INFORMATION.**

Please review the notice and Section 2 of the Settlement Agreement (available at [www.SyrNYdataincident.com](http://www.SyrNYdataincident.com)) for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed.

Please provide as much information as you can to help us figure out if you are entitled to a settlement payment.

### **PLEASE PROVIDE THE INFORMATION LISTED BELOW:**

Check the box for each category of benefits you would like to claim. Categories include: out-of-pocket expenses that you had to pay as a result of the Data Incident and time you had to spend dealing with the effects of the Data Incident. Please be sure to fill in the total amount you are claiming for each category and to attach documentation of the charges as described in bold type (if you are asked to provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish).

#### **A. Documented Ordinary Losses resulting from the Data Incident.**

I incurred documented out-of-pocket expenses as a result of the Data Incident.

Examples include: (i) unreimbursed bank or credit card fees; (ii) long distance phone charges (only if charged by the minute); (iii) long distance or cell phone charges (only if charged by the minute); (iv) data charges (only if charged based on the amount of data used); (v) postage; and (vi) gasoline for local travel purchased. You may all claim fees for credit reports, credit monitoring or other identity theft insurance products that were incurred on or after September 20, 2020 through May 6, 2024.

Total amount for this category: \$  .

Briefly describe the charges you have claimed below:

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***If you are seeking reimbursement for fees, expenses, or charges, please attach a copy of a statement from the company that charged you, or a receipt for the amount you incurred.***

***If you are seeking reimbursement for credit reports, credit monitoring, or other identity theft insurance product purchased between September 20, 2020 through May 6, 2024, please attach a copy of a receipt or other proof of purchase for each credit report or product purchased. (Note: By claiming reimbursement in this category, you certify that you purchased the credit monitoring or identity theft insurance product primarily because of the Data Incident and not for any other purpose.)***

Supporting documentation must be provided. You may mark out any transactions that are not relevant to your claim before sending in the documentation.

I spent between one and five hours of documented time spent dealing with the Data Incident.

I certify that I spent the following amount of time in response to the Data incident:

1 Hour

2 Hours

3 Hours

4 Hours

5 Hours

**To recover for lost time under this section, you must select one of the boxes above or provide a narrative description of the activities performed during the claimed time.**

Check all activities, below, which apply:

Time spent obtaining credit reports.

Time spent dealing with a credit freeze.

Time spent dealing with bank or credit card fee issues.

Time spent monitoring accounts.

Time spent updating automatic payment programs because your card number changed.

Other. (Please provide description(s) below.)

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**B. Documented Extraordinary Losses Resulting from the Data Incident.**

I incurred documented monetary losses that: (i) are actual, documented, and unreimbursed; (ii) were more likely than not caused by the Data Incident; (iii) occurred between September 20, 2020 and May 6, 2024; and (iv) are not already covered by the Ordinary Losses categories above.

Total amount for this category:      \$       .

*You must provide substantial and plausible documentation that you experienced an unreimbursed monetary loss as result of the Data Incident, including, but not limited to, receipts, account statements or invoices. Note that "self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement for Extraordinary Losses, but can be considered to add clarity or support other submitted documentation.*

You may mark out any information that is not relevant to your claim before sending in the documentation.

Description of the loss and the documents provided to demonstrate that identity theft or fraud occurred.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box to confirm that you have exhausted all applicable insurance policies, including credit monitoring insurance and identity theft insurance, and that you have no insurance coverage for these fraudulent charges.

**3. SIGN AND DATE YOUR CLAIM FORM.**

I declare that the information supplied in this Claim Form by the undersigned is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

I understand that I may be asked to provide supplemental information by the Claims Administrator before my claim will be considered complete and valid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**4. REMINDER CHECKLIST.**

1. Keep copies of the completed Claim Form and documentation for your own records.
2. If your address changes or you need to make a correction to the address on this Claim Form, please visit the Settlement Website at [www.SyrNYdataincident.com](http://www.SyrNYdataincident.com) and complete the Update Contact Information form or send written notification of your new address. Make sure to include your Settlement Claim ID and your phone number in case we need to contact you in order to complete your request.
3. For more information, please visit the Settlement Website at [www.SyrNYdataincident.com](http://www.SyrNYdataincident.com) or call the Claims Administrator at 1-877-716-6889. Please do not call the Court or the Clerk of the Court for additional information.
4. This Claim Form must be postmarked by **May 6, 2024** and mailed to: P.O. Box 3137, Baton Rouge, LA 70821.